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MN022201. What The CNO Says About Navy Medical Care

"At the top of nearly every list you put together is the promise of medical care for Sailors and their families. It's fundamental to the promises that we make to our young men and women when they raise their right hand."

- Chief of Naval Operations ADM Vern Clark, discussing the importance of "Quality of Service" as one of his top five priorities for the Navy.

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MN022202. Navy Medicine Astronaut Visits National Capital Area
By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON, DC - Navy Medicine men and women in the Washington, DC, area were treated to the ultimate sea story as told by CAPT Lee Morin, MC - flight surgeon, undersea medicine officer and astronaut.

Morin was on the most recent shuttle mission, STS-110, which focused on continued construction of the International Space Station (ISS). He is currently on a four-week tour to share some of his experiences in space.

Morin said he is especially pleased to come to the Washington, DC area because it allowed him to spend time with his Navy Medicine family.

"I was scheduled to be in the DC area and wanted to show my Navy Medicine colleagues what the mission was about," Morin said.

Audiences at the Bureau of Medicine and Surgery (BUMED), National Naval Medical Center and the Uniformed Services University of Health Sciences (USUHS) viewed photos and video footage of Morin working as part of the seven-member shuttle crew.

The crew installed a segment of a truss that will hold power-generating solar panels in the future. For his part, Morin made two spacewalks totaling more than 14 hours, installing bolts and maneuvering components that became part of the ISS.

"It's a strange thing to look down when you're strapped to the end of the robotic arm and know it's 240 miles straight down," he said.

All three audiences were delighted to hear his tales of life in space, which offered an escape from the everyday work world, if only for a short time.

"I just spent the last hour in space," said one enthusiastic attendee.

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MN022203. Ambulatory Surgery Center Opens At Bethesda

BETHESDA, Md. - National Naval Medical Center Bethesda recently opened its Ambulatory Surgery Center, a specially-designed center for surgeries that take less than two hours to perform from initial preparation to post-care.

It is the first ASC in any military treatment facility in the National Capital area.

The state-of-the-art facility is designed with both safety and comfort in mind. One of the safety features includes multiple air exchanges to reduce bacteria and pressurized rooms to keep particles from entering the room.

Some of the patient-friendly features include blanket warmers, aesthetically pleasing décor and a CD system to play music of the patient's choice.

The ASC is an especially welcome addition to clinics within the hospital that didn't have a special room for short, less-complicated surgeries and were compelled to use the main operating room. More surgeries in the ASC will free up the main operating room for longer, more complex surgeries.

"When the center becomes fully operational, we anticipate helping 16 to 20 patients per day, depending on the type of operations," said CDR Barry Jones, NC, service manager for the ASC. That adds up to 4,000 surgeries a year.

Surgeries that might be performed at the ASC include cataract repair and breast lump biopsies.

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MN022204. TRICARE Online Implemented For Navy on Both Coasts

By Jan Davis, Bureau of Medicine and Surgery

CYBERSPACE - Imagine making an appointment with your primary care provider from your computer at 2 a.m. Don't imagine it - it's a reality for many Navy and Marine Corps families, and soon it may be possible for all TRICARE Prime military beneficiaries to make a medical appointment any time they want from their computer.

TRICARE Online, www.tricareonline.com, is a new DoD website that will allow beneficiaries to make medical appointments online, keep a personal healthcare journal, get reliable medical information, and access TRICARE information about benefits and services.

While TRICARE Online was carefully tested before being unveiled at a few limited locations, website developers are now taking it to their toughest testers - beneficiaries.

"There are six Navy military treatment facilities that are beta testing TRICARE Online right now," said CAPT Brian Kelly, MC, director of E-Business, Policy and Standards for DoD's TRICARE Management Activity. "Twelve more sites will become active within the next few weeks."

Naval Hospitals Cherry Point, N.C., and Camp Lejeune, S.C., were among the first Navy facilities to use TRICARE Online. Recently, the first West Coast Navy facilities, Naval Hospitals Bremerton and Oak Harbor, began using TRICARE Online to schedule appointments. Other Navy MTFs that are now using TRICARE Online for appointments and other services, or will be within the next few weeks include:

- National Naval Medical Center Bethesda
- Naval Medical Clinics at Annapolis, Patuxent River, Quantico, and Port Hueneme
- Branch Medical Clinics at Mechanicsburg, Willow Grove, Everett, Puget

Sounds Naval Shipyard, Edson Range, Camp San Onofre, Barstow, Yuma, and Oceanside.

In addition to making appointments from their personal computer, many beneficiaries will be able to use computers set up at Navy MTFs to make appointments. They will also be able to continue to make appointments the old fashioned way - by telephone.

According to Kelly, TRICARE Online with its online appointment scheduler was initiated because more and more beneficiaries are comfortable with doing transactions over the Internet.

"They bank, they shop, they go there to get information," said Kelly. "Now, if they're TRICARE Prime members, they'll be able to make medical appointments."

Kelly said that TRICARE is the first major health plan to have such complete online access, and the first federal agency to do it on such a wide scale. He said all TRICARE Prime members should be able to access online appointment scheduling by April 15, 2003.

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MN022205. Navy Medicine Testing For Stress-Hardy Sailors and Marines

By Jan Davis, Bureau of Medicine and Surgery

PENSACOLA, Fla. - Can a little saliva tell how successfully Sailors, Marines and other service members will handle the stress of military conflict? That's what researchers at the Naval Aerospace Medical Research Laboratory in Pensacola, Fla., are trying to find out.

Navy Medicine researcher Amanda O'Donnell and her team are studying the saliva of service members undergoing water survival, Survival Evasion Resistance and Escape (SERE) and other stressful training to measure certain hormone levels, including cortisol and testosterone.

According to O'Donnell, earlier research has shown that some service members are simply more "stress-hardy" than others - that is, they retain mental focus and clarity of memory, commit fewer errors, experience less burn out, and are able to stay calmer in threatening situations. O'Donnell hopes to find out if there's a relationship between hormone levels in the saliva of service members under duress and their stress hardiness.

One application for O'Donnell's research is for measuring naval aviator success.

"The information we gather might be helpful in the selection process for aviators," said O'Donnell. "We want people who are calm, cool and collected in the cockpit."

One organization interested in O'Donnell's research is the Robert E. Mitchell Center for the Study of Repatriated Prisoners of War, located at the Naval Operational Medicine Institute in Pensacola.

"While we can't determine who will become a prisoner of war, we do know that 70 percent of all the prisoners of war during the Gulf War were aviators," said O'Donnell. "Knowing they have a higher risk of being under this extraordinary stress makes us want to know how aviation candidates handle high-stress situations."

O'Donnell said the saliva test is also helpful in finding out what situations are really stressful.

"Sometimes we'll test subjects and they'll say they aren't feeling a high degree of stress," said O'Donnell. "But we know from their saliva hormone levels that their bodies are feeling stress. This helps us determine what situations are truly stressful, despite what the subject says."

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MN022206. Reserve Fleet Hospital Joins In Largest Joint Exercise
By LT Jerry Rostad, Fleet Hospital Minneapolis Detachment HQ

MINNEAPOLIS - Fleet Hospital Minneapolis staff joined thousands of other personnel in the largest-ever joint military exercise. The combining of Operation Foal Eagle and the annual U.S.- Republic of Korea Reception, Staging, Onward movement, and Integration (RSOI) exercise in South Korea made military exercise history while providing invaluable training for the for Fleet Hospital participants.

"We got front row seats to experience how a major theater operational plan unfolds," said CAPT Joanie Olson, Nurse Corps, executive officer of Fleet Hospital Minneapolis.

The exercise took place on the pointed edge of the spear. Just kilometers from North Korea, it was the first joint, multinational experience for most of the Minneapolis detachment. "I worked side by side with a Republic of Korea counterpart," Olson said. "You quickly learn to identify and overcome the added complexities of that type of environment."

Medical care was a major emphasis of this exercise and the Reservists from Fleet Hospital Minneapolis "backfilled" a number of key leadership positions. "Originally, active duty people were supposed to fill the positions," Olson said. "But those folks are in Afghanistan, so we were called in."

Fleet Hospital Minneapolis staff worked with the Combined Forces Command, the Korean Battle Simulation Center, the Joint Patient Movement Regulating Center, and the US Forces Korea Main Base.

Col. Edward Huycke, MC, U.S. Forces Korea Surgeon General, was impressed with the work of Fleet Hospital Minneapolis and appreciated their planning input. "Colonel Huycke told me our input on lessons learned was valuable and will be incorporated into future operational plans," Olson said. "That's a great compliment to our unit."

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MN022207. HSO Jax Sailors Lend Hand For HabiJax
By JOC Bill Austin, Healthcare Support Office Jacksonville, Fla.

JACKSONVILLE, Fla. - Sailors from Healthcare Support Office Jacksonville rolled up their sleeves and lent a hand roofing for the local chapter of a Habitat For Humanity, HabiJax. The HabiJax is help breathe hope in a neighborhood filled with neglect and despair by providing a face-lift to the area, including the rehab of several houses.

Habitat for Humanity is an international non-profit organization that helps low and moderate income families purchase homes that volunteers have helped rehab. Families must assist in the rehab.

"I have always wanted to participate in this program," said HN Jennifer Swann, as she waited her turn to scale the ladder to the roof.

Up on the roof, the sounds of hammers mixed with chatter could be heard as shingles were placed. The first roof the HSO team tackled wasn't expected to be done until the end of the day. They wrapped it up by lunchtime. The team then volunteered to help another team down the block with their roofing work.

When the weary crew finally climbed down the ladder at the end of the day, they wore dirt-smeared faces and smiles from a job well done.

"Everybody was safe today and worked hard," said YN1 J.D. Craig. "A good time was had by all and we look forward to helping out again sometime."

"The greatest thing about having the Navy come out here is that it gives them a chance to serve their country in another way," said crew leader Jennifer Lears. "The Navy supports us so much. We did a huge build last February and I had Navy people at my site every day. They always work hard and have fun."

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MN022208. BUPERS Announces MSC Inservice Procurement Board

The Chief of Naval Personnel's Inservice Procurement Program is looking for a few good enlisted people to obtain a commission as a Medical Service Corps officer.

Successful applicants will be commissioned as an MSC officer in healthcare administration, physician assistant, radiation health, environmental health, industrial hygiene, entomology or pharmacy.

Enlisted members must submit an application for the program not later than Aug. 2. A sample application and details on how to apply are at www.bupers.navy.mil/pers8/p81/p801/pers-801.

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MN022209. Troop Protection Is New DoD Health Official's Top Job

By Gerry J. Gilmore, American Forces Press Service

WASHINGTON, DC - As the war against global terrorism continues, DoD is putting added emphasis on service members' health and medical needs before, during and after deployments.

DoD's force health protection program "focuses on the full continuum of care for our service members from the time they are brought into the service until the time they retire or leave the service," said Ellen P. Embrey, chief of the recently established Deployment Health Support Directorate.

Embrey, also the deputy assistant secretary of defense for force health protection and readiness, noted the importance of keying on troops' health protection needs as they serve worldwide in the anti-terrorism war.

"That's the core of our mission. We need to make sure they are protected before they go, when they're there, and when they return," she emphasized.

Embrey said the services use many systems to track troops' health needs in the field. Setting up and maintaining proper medical records can be hard, however, when there are no permanent-hospital computer databases and records offices "just down the hall," she said.

Meanwhile, she noted, "we're (telling) the services to do the best they possibly can to ensure that we maintain good records on the forces that are deployed."

Embrey noted service members should understand that deployment is inherently stressful. That means it's essential they complete pre-deployment health assessments truthfully. The assessments ask service members whether they are fit and ready to deploy and whether they have known health or medical vulnerabilities, she said.

When troops arrive in the field "we will be monitoring their health as closely as we possibly can to be sure that they are able to complete their mission," Embrey said.

DoD also evaluates medical intelligence data being gathered around the world to assess the environmental and infectious disease risks to deployed troops, she said. That information helps to better prepare deployable forces for the areas where they are going, such as preventive medicine education for their specific deployment locales, she said.

Troops undergo a post-deployment health assessment upon return to garrison, she noted.

"We are going to be focusing very strongly on those assessments to ensure that we do the necessary follow-up if they believe they have a health-related problem associated with that deployment," she explained, to include deployments of years' past.

Deployments pose "many unknown factors," Embrey noted, adding to the difficulty of obtaining accurate information needed to help Gulf War

veterans find the cause of their illnesses.

"It's important that everyone understand that, regardless of the cause, if a person is having a problem, we want to take care of them," Embrey emphasized. "We are truly committed to focusing on the health and well-being of our deployable forces."

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MN022210. Healthwatch: Conquering Headache Pain

By Aveline V. Allen, Bureau of Medicine and Surgery

Do you dread the throbbing pain of a headache? There may be help available to you to make the pain just a memory.

The non-profit National Headache Foundation has designated June 2-8 as National Headache Awareness Week, hoping to draw attention to this real and sometimes debilitating pain. In addition to encouraging sufferers to see a physician for proper diagnosis and treatment, the foundation wants sufferers to know that there are new treatments available, including powerful new medications.

"Headaches are the number one presenting symptom in a primary care clinic," said CDR Anthony Panettiere, MC, Navy Medicine's specialty leader for neurology. "While over-the-counter medications are sufficient for some patients, prescription medications are the only effective therapy for others. Headache management has come a long way in the past 15 years with the advent of new research, and the discovery of specific medications to combat it."

Certain medications may not be the answer to a bad headache if they are taken too much. According to CDR George J. McKenna, MC, head of neurology at National Naval Medical Center Bethesda, Md. some commonly used over-the-counter medications, such as acetaminophen, aspirin or ibuprofen, can actually lead to more headaches, if taken too frequently. McKenna called these 'analgesic rebound headaches.'

What triggers some headaches? According to the American Council for Headache Education (ACHE) some factors include stress, certain types of food, odors, menstrual periods, weather changes, and emotional factors.

"Chocolates, alcohol, including beer and wine, drinking too many caffeinated beverages daily and certain cheeses can also be triggers," said McKenna. He also adds that too much or too little sleep from your normal sleeping amount may trigger headaches.

"If you find that you develop a headache without your morning coffee or other caffeinated beverage, it is possibly an indication of a caffeine withdrawal headache, implying that you are drinking too many caffeinated beverages and should consider tapering consumption," said McKenna.

There are some steps you can take to head prevent triggering headaches. ACHE recommends making some lifestyles changes, such as maintaining regular sleep patterns, exercising regularly, eating regular meals, and reducing stress. If symptoms persist, call your family doctor, who may refer you to a specialist.

"Patients should realize that the cause of 99 percent of all headaches relates to a chemical imbalance in the brain that can occur either spontaneously or by various precipitants," said Panettiere. "A (specialist such as a) neurologist will exclude the 1 percent of headaches that have a secondary cause, and he or she will then make recommendations on ways to correct the chemical imbalance. Such measures may include foods to add or delete from the diet, lifestyle and stress modifiers, and finally, medications. The good news is that virtually all patients can be helped."

For additional information on headaches, see www.achenet.org or www.headaches.org.

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